	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT 1591971 REPORT NO. E278462	1 0 4 27			
12	INTERSTATE CITY STREET FIRE RESULTED STATE ROUTE OTHER CASE # 13-02617	2			
25	COUNTY RD PRIVATE WAY HIT & RUN COUNTY RD PRIVATE WAY	1 28			
[] _[t]	RESERVATION UNITS UNITS STRUCK REE OR STUMP	2			
3[-	DATE OF: COLLISION 10 - 19 - 2013 0912 31 N E W OF 0664	3			
4	ON (FRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.	0 3 29			
4 a	DISTANCE OF (REFERENCE OR CROSS STREET)				
5	MILES N E CEDAR FEET S W				
	UNIT 01 MOTOR PEDAL- PARAMETHRESHOLD MET YES NO D: 4254072077	30			
6 1	LAST NAME NELSON PRIST NAME ALLIAS MIDDLE J				
	STREET 7730 60TH ST NE				
7	CITY MARYSVILLE ST WA ZIP 982708963	1 1 2 31			
8	CDL RESTRICTIONS ENCOREMENTS	2			
9 9	DRIVER'S NELSOAJ053LM STATE WA SEX M D.O.B. 06 _ 14 _ 1995	3			
10	ON DUTY STATUS AIRBAG 2 RESTR. 4 FLIECT 1 HELMET 2 INJURY 1 CLASS 1	1 32 2 32			
11 2 5	LICENSE ANL 2676 STATE WA VINA JM1BG2244R0708661	3			
12	TRAILER PLATE # STATE PLATE # STATE	·			
13 4	VEH. YEAR 1994 MAKE MAZD MODEL PRO4D STYLE 4D VEHICLE TOWED YES NOW TOWED BY REGISTERED OWNER INFO. LISA NELSON 7730 60TH ST NE MARYSULLE WA 99270 VEHICLE TOWED BY VEHICLE	5 3 33			
14	UABILITY INSURANCE IN INSURANCE CO AMERICAN FAMILY 01904841735	FROM TO			
15 2	CHARGE CHARGE	4 35			
16	O'NI OZ VERKILE IJ CYCLE IJ PEDESTRUM III OWNER 12 YES NO V D: 4253341012	36			
17	CONTROL CONTRO	37			
18	STREET 1812 MAIN ST ANTY LAKE STEVENS WA 57	38			
		39			
19	DRIVER'S STATE SEX U D.O.B.	40			
20	Text				
21 22	ON DUTY AIRBAG RESTR EJECT USE CLASS				
23	PLATE I DANS 12000				
	PLATE#	1 41			
24	REGISTERED OWNER INFO. YES NO	42			
	HABILITY INSURANCE L INSURANCE CD & POLICY #				
25	VERIOUS YES NC				
26	PART A 3000-345-159 R (7/06)				





CORRECTION .

REPORT NO.

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484944	weeks to	200,000	223

E278	246	2	
	770		

	1591972	CASE # 13-02617	
	ADDITIONAL PERSONS INVO	LVED (PASSENGERS AND/OR WITNESSES ON	
NAME (LAST, FIRST, MIDDLE INITIAL)			
ADDRESS & PHONE #		SEX MMD	<u>.</u>
PASSENGER WITNESS UNIT #	SEAT AIRBAG	RESTR. EJECT HELMET USE	INJURY NATURE OF INJURIES CLASS
NAME (LAST, FIRST, MIDDLE INITIAL)	,	Line Control C	200000000000000000000000000000000000000
ADDRESS & PHONE #		SEX DX	5
PASSENGER WITNESS UNIT #	SEAT AIRBAG	RESTR EJECT HELMET USE	NATURE OF INJURIES CEASS
NAME (LAST, HIRST, MIDDLE IN/TIAL)			
ADDRESS & PHONE #		SEX DC MMD	
PASSENGER WITNESS UNIT #	SEAT AIRBAG	RESTR. EJECT HELMEL USE	NATURE OF INJURIES CLASS
		NARRATIVE	
Unit 1 was Nothbound	on Cedar Rd. and faild	to make the right turn onto in	30 St. Unit 1 drove over the
		er had some damage. There	
CERTIFY (DECLARE) UNDER PENALTY OF	PERJURY UNDER THE LAWS OF THE S	TATE OF WASHINGTON THAT THE FOREGOING IS	TRUE AND CORRECT. (RCW 9A.72.085)
RON BROOKS	UNIT OR DIST, DET	10-19-13 10:04 AM DATED PLACE SIG	NED
APPROVED BY RON BROOKS 013	ONLO DIST. DET	DATE 10/19/2013 2.	
BADGE OR ID# 013	ORI# WA0311900	TIME POLICEDISPATCHED 9:12 AM	TIME POLICE ARRIVED 9:18 AM

